



## City of Colorado Springs Housing Rehabilitation Emergency Repair Program 2013

Subcontractor: Energy Resource Center / 114 W. Rio Grande Street / Colorado Springs, CO 80903

### 1. APPLICANT INFORMATION: (please print)

Last Name:	First Name:	Date of Birth:
Property Address:		Zip:
Home Phone #:	Cell # :	E-mail:
Head of household: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed    Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other		
Co Applicant Name:		Date of Birth:

### 2. HOUSEHOLD INFORMATION:

Total number of persons residing in your home: \_\_\_\_\_ Number of adults over 18 in your household: \_\_\_\_\_  
 Number of elderly persons (Age 62 or older) in your household: \_\_\_\_\_ Children in your household: \_\_\_\_\_  
 Number of disabled in your household: \_\_\_\_\_ Children 5 to 18: \_\_\_\_\_ Children under 5: \_\_\_\_\_  
 Single parent household: ☐ No ☐ Yes    Is this home for sale? ☐ No ☐ Yes  
 Homeowner length of residency: \_\_\_\_\_ Year Home was Built : \_\_\_\_\_  
 Home Type: ☐ House ☐ Townhouse ☐ Condo ☐ Cottage ☐ Mobile / Modular ☐ \_\_\_\_\_

### 3. QUALIFICATION INFORMATION: call 591-0772 if you have any questions

Our household income is received from: ☐ Job income ☐ Social Security ☐ Retirement ☐ Disability ☐ Alimony ☐ Child Support  
☐ Workers Comp ☐ Unemployment ☐ Self-employed occupation: \_\_\_\_\_  
 Yearly Income: \$ \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_ Employer: \_\_\_\_\_  
(before taxes) (gross)  
**Attach the following when returning this completed application in order to qualify for services:**  
 Most recent **three months** of pay statements for all persons who receive income in the household including: Pay stubs, Social Security award letter, Retirement, Annuity, VA Benefits, Disability award letter, Alimony, Child Support proof, Workers Comp, Unemployment benefits, Rental Income, Self Employment Business Ledgers for 3 months. Recent bank statement & fill out attached asset & income form. **Valid Copy required of: Colorado Driver's License or CO ID, Military ID, or passport for primary applicant**

\*\*\*\*Emergency Repair Work Requested For: ☐ Furnace ☐ Hot Water Heater ☐ Sewer ☐ Plumbing ☐ Electrical ☐ Glass

### CERTIFICATIONS

\_\_\_\_\_ (Initial) I have received a copy of the Colorado Springs Housing Development Privacy **Policy Disclosure**  
 \_\_\_\_\_ (Initial) I certify that I own this property and it is my principal residence

I authorize the Energy Resource Center as Subcontractor for the City of Colorado Springs Housing Development Division to process my application for emergency & energy efficient services. I certify that all information provided on this application is true and complete to the best of my knowledge and belief. ( Energy Resource Center / 5920 Paonia Court / Colorado Springs, CO 80915)

I swear of affirm under the penalty of the laws of the State of Colorado that: I am a United States citizen; or I am a Permanent Resident of the United States; or, I am lawfully present in the United States pursuant to Federal law. This sworn statement is required by law because I have applied for a public benefit. State law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is received.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Office Use Only Below This Line

\*\*\*\*\*

I Certify That This Client Is Eligible For Emergency Services under the Appropriate City Of Colorado Springs Guidelines

\_\_\_\_\_  
Authorized Agent

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Yearly Income

\_\_\_\_\_  
POV %

\_\_\_\_\_  
AMI %

\_\_\_\_\_  
Current Value of Home

☐ Property is not located in the flood plan    ☐ Property is located in Colorado Springs city limits

Work Started: \_\_\_\_\_ Work completed: \_\_\_\_\_

ERC Job #: \_\_\_\_\_

## Gross Monthly Income from ALL Sources

**For each household member 18 and older**

<b>Wages &amp; Salaries</b> <b>3 months of paystubs required</b>	Household Members (Names)			
	1.	2.	3.	4.
Wages/Salary	\$	\$	\$	\$
Overtime pay	\$	\$	\$	\$
Commissions	\$	\$	\$	\$
Fee	\$	\$	\$	\$
Tips	\$	\$	\$	\$
Bonuses	\$	\$	\$	\$

<b>Business Income (Self Employment)</b> <b>MUST provide 2 years of tax returns &amp;</b> <b>current year's Income Statement</b>	Household Members (Names)			
	1.	2.	3.	4.
Average Monthly Net Income	\$	\$	\$	\$

<b>Benefit Payments</b> <b>Provide statement</b>	Household Members (Names)			
	1.	2.	3.	4.
Social Security	\$	\$	\$	\$
Social Security Disability	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
Insurance Policies	\$	\$	\$	\$
Retirement Funds	\$	\$	\$	\$
Death Benefit	\$	\$	\$	\$
Welfare Assistance	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Military Basic Allowance for Housing (BAH)	\$	\$	\$	\$
Earned Tax Credit (in excess of income tax liability)	\$	\$	\$	\$

<b>Compensation Pay</b> <b>(payments in lieu of earnings)</b> <b>Provide statement</b>	Household Members (Names)			
	1.	2.	3.	4.
Unemployment	\$	\$	\$	\$
Disability Compensation	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$

## Assets

**For each household member 18 and older**

Income from Assets Provide a statement	Houshold Members (Names)			
	1.	2.	3.	4.
Interest	\$	\$	\$	\$
Dividends	\$	\$	\$	\$
Investment Assets	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Other set income from real or personal property	\$	\$	\$	\$

Assets Provide a statement	Houshold Members (Names)			
	1.	2.	3.	4.
Savings accounts (current value)	\$	\$	\$	\$
Checking Account (average over 6 months)	\$	\$	\$	\$
Safe Deposit Box	\$	\$	\$	\$
Cash Value of Revocable Trust	\$	\$	\$	\$
Equity in Rental Property	\$	\$	\$	\$
Stocks/Bonds Value	\$	\$	\$	\$
Treasury Bill Value	\$	\$	\$	\$
Certificate of Deposit value	\$	\$	\$	\$
Mutual Fund value	\$	\$	\$	\$
Money Market value	\$	\$	\$	\$
IRA value	\$	\$	\$	\$
401K value	\$	\$	\$	\$
Keogh accounts value	\$	\$	\$	\$
Pension funds	\$	\$	\$	\$
Cash value of whole/universal life insurance	\$	\$	\$	\$
Personal property (coins, jewelry, antique cars)	\$	\$	\$	\$
Victim's restitution	\$	\$	\$	\$
Value of other real property	\$	\$	\$	\$

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**Phone: (719) 591-0772 / fax (719) 591-0885**

